

SD Department of Human Services

Division of Alcohol and Drug Abuse

Prevention Activities Position Paper

Submitted by

Shawnie Rechtenbaugh, CPS

State Prevention/SDFSCA Coordinator

April 2008

Executive Summary

The Department of Human Services Division of Alcohol and Drug Abuse is delineating its position with respect to the prevention of alcohol, tobacco, other drug use and violence in South Dakota with the following paper.

The Division proposes to concentrate its efforts on seven specific outcomes:

1. By 2010, reduce the percentage of our youth who have recently used alcohol by 3%.
2. By 2010, reduce the percentage of our youth who have recently used marijuana by 3%.
3. By 2010, reduce the percentage of our youth who have recently used methamphetamines by 3%.
4. By 2010, reduce the percentage of our youth who have ridden in a vehicle driven by someone who had been drinking by 3%.
5. By 2010, reduce the percentage of our youth who have recently used inhalants by 3%.
6. By 2010, reduce the percentage of our youth who were in a physical fight during the year by 3%.
7. By 2010, reduce the percentage of our youth who have recently used tobacco by 3%.

To accomplish these outcomes, the Division proposes to prioritize funding in six areas:

1. Community Mobilization Projects expansion with parallel expansion of Community Prevention Networkers (CPNs).
2. Primary and Intensive Diversion Prevention Programming through maintenance and enhancement of these programs in each of the seven judicial circuits.
3. Maintenance of 4 Prevention Resource Centers (PRC's) to provide substance abuse training opportunities, develop prevention activities, and disseminate information statewide through their respective resource libraries.
4. Replicate the school based programming which began in 1999 in Eastern South Dakota and in the Western region.
5. Maintain and expand the number of funded community tobacco coalitions and support the collaboration between the coalitions and the community prevention networkers.
6. Increase collaboration between the Office of Highway Safety and the prevention efforts of the Division.

The position paper also includes a further description of each of these priority areas, a description of the prevention services within the State, a list of the Drug and Alcohol Abuse Advisory Council members, and a bibliography. It is hoped that this document will be used to assist governmental authorities and community members in their understanding of the Division's prevention activities, and to increase support for such activities in South Dakota.

Introduction

Nationally we are on the brink of losing multiple generations of young people to drug and alcohol abuse. Typically it is our youth at the leading edge of social change and this is particularly true of drug and alcohol use. The staggering upsurge in illicit drug use of the past 20 years has proven to be a youth phenomenon. Therefore, prevention efforts will be a major key in securing our future. While generations are constantly changing, we know that people who do not begin or abuse alcohol or other drugs before age 25 are very unlikely to ever develop problems due to use. It is this generational replacement factor that needs to drive prevention.

In a March 2007 press release from the US Department of Human Services, Acting Surgeon General Dr. Kenneth Moritsugu made the following comments. "Too many Americans consider underage drinking a rite of passage to adulthood," said Dr. Moritsugu. "Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. The availability of this research provides more reasons than ever before for parents and other adults to protect the health and safety of our nation's children." Alcohol remains the most heavily abused substance by America's youth," said Dr. Moritsugu.

The Department of Human Services, Division of Alcohol and Drug Abuse receive funding from the federal government for the prevention of alcohol, tobacco, and other drug use in South Dakota. These funds are available through the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Governor's Discretionary portion of the Safe and Drug Free Schools and Communities Act (SDFSCA) funds.

Of the 4.75 million dollars flowing to South Dakota in the SAPT Block Grant, at least \$951,694, or 20%, is to be spent on primary prevention activities. The activities that are authorized under this grant include six major areas: education, information dissemination, alternatives, environmental change, community mobilization and problem identification/referral. There is an additional \$288,427 utilized in the provision of the PRLme For Life program including specialized programming for groups aged 18 and under, and for those 19-20 years of age.

Another \$336,397 flows from the U.S. Department of Education to South Dakota from the previously mentioned SDFSCA funds. The activities that are authorized under this grant are as follows: information dissemination, training, community based programming, coordination between state agencies, protection of students to and from school, before and after school programs promoting drug free lifestyles, courses on intolerance and hatred, activities to prevent intolerance, activities to prevent gang involvement, community surveys, service learning projects and evaluation.

In FY08 the Department of Health – Tobacco control Program contracted with the Division for \$491,000 to provide community tobacco prevention initiatives in South Dakota. The dollars will be granted out to community tobacco coalitions and prevention agencies to provide support to those coalitions. A prevention professional will attend the coalition meetings, assist with planning and work at coalition activities. The goals of the project include prevent initiation of tobacco use, promote quitting, and reduce non-smokers exposure to second-hand smoke.

The SD Office of Highway Safety has contracted with the Division to support prevention projects throughout the state. FY08 funding of \$615,000 from the Office of Highway Safety will support the school based prevention effort, diversion programming, and a new expansion of community based efforts related to highway safety issues.

Current Scenario

Currently the SAPT, SDFSCA, funds from Commerce and Regulation, Department of Health, Office of Highway Safety and State general funds for prevention are dispersed to a wide variety of community based organizations for many different activities. These activities range from diversion programming in each of the seven judicial circuit districts to Community Mobilization Projects in thirteen communities across the State. These activities focus, for the most part, on South Dakota's youth. Prevention of the use and abuse of substances is most critical for our young people. Research has shown that if people do not become habitual users in their youth, the chances of becoming chronic users as adults are extremely low. Research has also shown that the most successful approaches toward prevention are those which are comprehensive and community based rather than single instance "one shot deals". The Division has funded both types of activities in the past, but it proposes to pursue a more focused strategy to guide programming into the 21st century through the activities and priorities discussed in this paper.

Outcomes Desired

The SAPT Block Grant currently requires a 20% minimum primary prevention expenditure set-aside. The Division is moving towards funding eligibility based upon the evaluation of outcomes of established goals, objectives, and activities. This increased accountability in turn determines the focus of needed prevention activities throughout the State. (Please refer to page 2 for the seven most critical outcomes to be achieved.)

These outcomes are considered of highest priority because of several studies done nationwide, including South Dakota. Alcohol use remains extremely widespread among today's teenagers. The following statistics show how South Dakota ranks compared to the national average. You will note that in most cases, South Dakota teens rank well above the national average for use of substances, demonstrating the significant need to target these issues in South Dakota.

Teen Alcohol Use	Teens Nationwide	SD Teens
% of students who consumed alcohol (more than a few sips) by the end of High School	73%	77%
% of students who consumed alcohol (more than a few sips) by 8 th grade	41%	21%

* Statistics from the national 2006 Monitoring the Future Survey and the 2007 SD Youth Risk Behavior Survey

Teen Binge Drinking	Teens Nationwide	SD Teens
% of 9-12 th graders who were binge drinkers (5 or more drinks in a row within a couple of hours)	10.3%	34% (29% males, 31% females)

* Statistics from 2006 National Household Survey on Drug Abuse and the 2007 SD Youth Risk Behavior Survey

Drinking & Driving	Teens Nationwide	SD Teens
% of 9-12 th graders who drove a vehicle when they had been drinking	9.9%	13%

* Statistics from the 2005 SD Youth Risk Behavior Survey and the 2007 National Youth Risk Behavior Survey

Marijuana	Teens Nationwide	SD Teens
% of 9-12 th graders who used marijuana one or more times in the last 30 days	6.7%	18%

* Statistics from the 2007 SD Youth Risk Behavior Survey and the 2006 National Household Survey on Drug Abuse

This statistic shows that South Dakota is more than double the national average for youth smoking rates.

Tobacco	Teens Nationwide	SD Teens
% of 9-12 th graders have tried cigarettes	54.3%	55%
% of 9-12 graders who have smoked in the last 30 days	23%	25%

* Statistics from the 2007 SD Youth Risk Behavior Survey and the 2005 National Youth Risk Behavior Survey

Inhalants	Teens Nationwide	SD Teens
% of 9-12 th graders have used inhalants in the last 30 days	1.3%	5%

* Statistics from the 2007 SD Youth Risk Behavior Survey and the 2006 National Household Survey on Drug Abuse

Methamphetamine is a growing problem in the Nation. The Annual Report of the Office of National Drug Control Policy reported that in 2006, 4.3% of the U.S. population (10.4 million people) reported trying the drug at least once in their lifetime. The highest rate of use was reported among those ages 18-25. South Dakota is one of five states identified as a High Intensity Drug Trafficking Area (HIDTA). The Midwest HIDTA was specifically created to address and fight the spread of meth in the Midwest.

The comparison of the rate of use by high school seniors is as follows:

Methamphetamine	Teens Nationwide	SD Teens
% of 12 th graders have tried meth in their life	4.4%	5%

* Statistics from the 2007 SD Youth Risk Behavior Survey and the 2006 Annual Report from the Office of National Drug Control Policy

The Division will focus on reducing violence among teens through reducing alcohol and other drug use. It is estimated that over 50% of violent crime occurs while youth are under the influence of alcohol and/or other drugs.

Violence	Teens Nationwide	SD Teens
% of 9-12 th graders have been in a physical fight in the last 12 months	35.9%	30%

* Statistics from the 2007 SD Youth Risk Behavior Survey and the 2005 National Youth Risk Behavior Survey

Because the Division intends to eventually direct all funding to specific outcomes, the Governor's Discretionary portion of the SDFSCA money will also follow the parameters described for the outcome based programming. The previously cited statistics support the Division's belief that the seven priority outcomes outlined in this paper are those which should be pursued actively and comprehensively. It is projected that a concentrated strategy for all sources of funding will allow immediate positive outcomes to be achieved.

Priority Activities

The Division of Alcohol and Drug Abuse has reviewed its activities and determined that the following approaches will be given priority for funding in order to achieve the necessary outcomes:

1. Community Mobilization Projects expansion with parallel expansion of the Community Prevention Networkers (CPNs).
2. Primary and Intensive Diversion Prevention Programming through maintenance and enhancement of these programs in each of the seven judicial circuits in the State.
3. Prevention Resource Centers through maintenance in order to provide substance abuse training opportunities, develop prevention activities, and disseminate information statewide through their respective resource libraries.

4. Development of school based prevention programming.
5. Maintain and expand the number of funded community tobacco coalitions. Continue to support the collaboration between the coalitions and the Community prevention Networkers.
6. Increase collaboration between the Office of Highway Safety and the prevention efforts of the Division.

A description of each approach and the benefits of their utilization follows:

Community Mobilization

The community mobilization initiative is designed to blend the resources of federal, state and local government together with those of community leadership, volunteers, private and other public service providers, families, schools and all citizens to focus on reducing the incidence of violence, alcohol, tobacco and other drug abuse in South Dakota. Each of the 13 community mobilization projects are staffed by a Community Prevention Networker (CPN). The CPN is charged with creating a community coalition to address prevention issues.

With the Division of Alcohol and Drug Abuse as the lead statutory agency in prevention and treatment services, we propose that through this initiative we will accomplish the following:

1. Maintain a network of Community Mobilization Projects and Community Prevention Networkers throughout South Dakota.
2. Help each coalition identify specific short and long term goals.
3. Show measurable progress toward accomplishing the goals thus established.
4. Enhance and expand community tobacco coalitions in the State through collaboration with the community prevention networkers.
5. Demonstrate a measurable decrease in the indicators of alcohol, tobacco and other drug abuse in the various CPN communities.
6. Community prevention networkers will devote a portion of their time to highway safety issues, such as underage drinking and driving.

Juvenile Justice Prevention Programs

The Intensive Prevention Programs (IPP) and Primary Prevention Programs (PPP) in South Dakota are other priorities. These programs are designed for youth entering the juvenile justice system due to an alcohol or drug related offense. An initial screening is used to determine whether the juvenile has a substance abuse problem. From this information the individual is referred to the appropriate level of programming. The pilot project was initiated in the 6th circuit in 1995 and proved highly effective. Since then programming has been expanded to include all 7 judicial circuits.

In the period from June 1, 2006 through May 31, 2007, there were 865 participants in the 18 and under Primary Prevention Program, 505 participants in the 19-20 yr old program, and 192 participants in the Intensive Prevention Program.

The Division proposes to:

1. Provide funds so youth can be diverted into the appropriate level of programming and maintain 80% successful completion rate.
2. Provide referral to IPP and maintain a minimum 50% successful completion rate.
3. Provide Diversion option for all 7 circuits for those juveniles arrested for an alcohol or drug related offense.
4. Provide Diversion programming for the State's 19-20 year old population.

Prevention Resource Centers

The 4 Prevention Resource Centers (PRCs), located via host agencies in Watertown (Human Service Agency), Lemmon (Three Rivers Mental Health and CD Center), Rapid City (Youth and Family Services), and Sioux Falls (Volunteers of America - Dakotas), are funded by the Division to disseminate information through their respective resource libraries; assist schools in developing ATOD policies, programming, and curricula; train teachers and prevention advocates in various programming; and assist community and parent groups in developing prevention activities.

School Based Prevention Programming

In 1999 a partnership between the Division of Alcohol and Drug Abuse and Sioux Falls School District was formed to implement prevention programming in the schools. A Certified Prevention Specialist and/or trained Chemical Dependency Counselor is on site providing prevention programming, screenings, and expertise to other school staff in dealing with alcohol and other drug issues. The success of that school based program has led to expansion into the next two largest populous areas, Rapid City and Aberdeen School districts. And in the fall of 2006, the more rural schools of Lead-Deadwood and Spearfish. School based prevention programming is now available in 116 schools in South Dakota and reaches over 55,000 students. The school based program has been effective in impacting students in their decisions about alcohol and other drug use. The South Dakota 2005 YRBS reports that:

- **24%** of youth stated in the last 30 days they had rode in a vehicle with someone who had been drinking

This is a **reduction of 6%** over the 2005 SD YRBS total of 32% reporting riding with someone who had been drinking.

The National 2005 YRBS reports that:

- 9.9% of youth stated they drove a car when they had been drinking

The South Dakota 2007 YRBS reports that:

- **13%** of youth stated they drove a car when they had been drinking
This is a **reduction of 4%** over the 2005 SD YRBS total of 17% driving after drinking.

And in Sioux Falls, the largest district, prevention programming has led to reductions of students using alcohol and drugs from 64% to 45% at high school and 28% to 16% at middle schools according to Dr. Bill Smith. It has also led to a decrease in school expulsions due to use of alcohol and drugs, and an increase in retention and school performance by students deemed to be at high risk.

Changes

With such a systemic change in the contracting process, prevention programming in South Dakota will also be forced to change. The following points are proposed in order to allow the Division to focus exclusively on the seven outcomes prioritized earlier.

1. The Division no longer funds single, stand alone prevention projects. Applicants will qualify for funds only if the activity is one of the seven priority areas delineated in this paper.
2. The Division will concentrate on networking and connectivity in both computer and provider arenas, increasing utilization of Internet, federal RADAR (Regional Alcohol and Drug Awareness Resource) Network, and DDN (Digital Dakota Network).
3. The Division is in the process of finalizing a contract with the Department of Highway Safety to incorporate Highway Safety issues into all of our prevention programs. The funding will support our Community Prevention Networkers, Prevention Resource Centers and School Based Prevention. There will be a concentrated effort to incorporate issues related to under-age drinking and driving and highway safety issues into Division funded initiatives.

Other Plans

If all requested funds are approved in the upcoming fiscal year, there may be additional discretionary programs that the Division would like to support. First, additional Community Prevention Networker's (CPN's) in the areas that currently do not have representation. The Community Mobilization effort in the State needs continuous growth and expansion so that all South Dakotans have a nearby resource available to address the community problems of alcohol and other drug abuse. Second, create a partnership between the established CPNs and their Tribal counterparts on the nine reservations within South Dakota. This would enhance coverage of prevention services across the State in a manner that could become the basis for many more cooperative efforts between Tribal and State entities. Third, work force development is critical. To that end, we have sought a partnership with our Central Center of Prevention Technology (CAPT) in Minnesota. We have conducted several trainings of Certified Prevention Specialists in the State. The State is also working with Central CAPT to provide advanced and ongoing training to our CPN's and expand the number of prevention professionals who are Certified Prevention Specialists.

Initiatives

The Division has become involved with additional prevention projects over the last year. In the spring of 2006, Governor Rounds kicked off the Face Facts: Meth Makes You Ugly campaign with presentations in six middle/high schools across the state. The Division worked with the Governor's office to take the lead in coordinating the campaign activities. Since the first round of school presentations, the Governor has visited 16 schools total. The Division has worked to add additional programming for schools on meth prevention, by offering meth prevention lessons and curricula to schools, free of charge. We have also arranged to have an educational booth at the SD State Fair for the last two years to promote the campaign and raise awareness about meth and its affects. Other campaign projects have included both TV and radio messages as well as the creation of the www.Methspace.com website.

As previously mentioned, underage alcohol use continues to be a high priority issue in South Dakota. In the spring of 2006, 13 young people tragically lost their lives in alcohol related crashes. In an effort to respond, the Division of Alcohol/Drug Abuse, the Attorney Generals Office and the Office of Highway Safety once again rallied efforts to address this loss and work to prevent more through the creation of the Parents Matter campaign. The partnership worked on an intense media campaign, education forums in schools and communities and the launch of the Parents Matter website to raise awareness and implement strategies to curb underage drinking and its consequences.

While the battle is ongoing, in the spring of 2007 no young lives were lost in alcohol related crashes. However, the battle wages on and efforts remain constant to address the problem of underage drinking and driving in South Dakota.

The Division is working with the Center for Disabilities (CD) within the Sanford School of Medicine of The University of South Dakota to mobilize and build the capacity of SD to provide a critical service to pregnant women in SD who are at risk of prenatal alcohol use. The services include a statewide comprehensive system of screening, brief intervention, and case management services to reduce the risk factors for alcohol use in pregnant women in South Dakota in order to prevent future alcohol exposed births. SD has a high rate of alcohol use by all citizens, regardless of sex, age or ethnicity. A study conducted by the Four-State FAS Consortium in 2003 found that 22.1% of surveyed pregnant women in SD consumed alcohol during their first trimester (*Biannual Report to Center for Substance Abuse Prevention (CSAP) for Year 4: Four-State Consortium on Fetal Alcohol Syndrome*, 2004). While this data indicates that a majority of the prenatal alcohol exposure in SD occurs prior to a woman's knowledge of her pregnancy, it also indicates that many women continue drinking throughout pregnancy. Prenatal alcohol exposure is the most common cause of birth defects and developmental disabilities in the United States and is completely preventable.

In fiscal year 2007 the SD Department of Health contracted with the Division to oversee the community based tobacco prevention program. The Division facilitated a competitive grant process to facilitate coalition awards and disseminate \$491,000 for community tobacco prevention. Eight community-based coalitions were funded in round one and it is expected that another seven will be funded in round two. The program offers each community coalition technical assistance throughout the year from a local prevention specialist. Six prevention specialist programs were funded in round one and it is expected that another three will be funded in round two.

Conclusion

This position paper is the blueprint for further action regarding alcohol, tobacco and other drug use prevention in South Dakota. The Division of Alcohol and Drug Abuse submits this paper for review and further input by the Drug and Alcohol Abuse Advisory Council, other state and community entities, and alcohol and drug prevention providers. It is hoped that this paper will provide these entities the overview necessary to understand current Division philosophy and future activities.

Drug and Alcohol Abuse Advisory Council

Kari Senger
Department of Education
700 Governors Drive
Pierre, SD 57501
Phone: 773-6808
Email: kari.senger@state.sd.us

Leon Cantin
4902 South Oxbow Avenue, Apt 213
Sioux Falls, SD 57104
Email: lcantin@mtmc.edu

Wanda Fergen
Attorney Generals Office
500 East Capitol Avenue
Pierre, SD 57501
Phone: 773-6313
Email: wanda.fergen@state.sd.us

Richard Bird
Dakotah Pride Center
388 Dakota Avenue
Sisseton, SD 57262

Teri Christensen
Department of Health
500 East Capitol, Health Building
Pierre, SD 57501
Phone: 773-3737
Email: teri.christensen@state.sd.us

Julie Meinstsma
605 West 7th Street
Pierre, SD 57501

Honorable Janine Kern
PO Box 230
Rapid City, SD 57709

Aske Whitebird
Tribal Government Relations
Capitol Lake Plaza
Pierre, SD 57501

Kira LeCompte
SD Indian Health Services
115 4th Ave SE
Aberdeen, SD 57401

Duane Mackey
PATTC-SD
USD, 414 East Clark, Room 361, Julian Hall
Vermillion, SD 57069

James Bartels
1047 W Capitol Ave
Pierre SD 57501
Office Phone: 222-3006

Sylvia Mikkelsen
1318 Rosebud
Gregory SD 57533
Home Phone: 835-9479

Judy Hoscheid
Dept of Social Services
700 Governors Drive
Pierre, SD 57501
Phone: 773-3448
Email: judy.hoscheid@state.sd.us

DeWayne Glassgow
16455 Highway 1416
New Underwood, SD 57761
Phone: 716-6555
Email: de.lifeways@midconetwork.com

Bibliography

Monitoring the Future, 2006. U.S. Department of Health and Human Services.

South Dakota Client Service Summary. 2007. Department of Human Services, Division of Alcohol and Drug Abuse. 27 pages.

Summary of Findings from the 2006 National Household Survey on Drug Abuse, 2006 Office of Applied Studies Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The 2007 South Dakota Youth Risk Behavior Survey Report, 2007 Department of Education.

The 2005 National Youth Risk Behavior Surveillance, 2005 US Department of Human Services, Centers of Disease Control.

2007 Kids Count Data Book, 2007 The Annie Casey Foundation.

2006 Annual Report of the Office of National Drug Control Policy (ONDCP). National Center on Addiction and Substance Abuse, February, 2006.